

Alaska Oil and Gas Corporation Net Income Tax Return

Form **6100**

For calendar year 2013 or the taxable year beginning _____, 2013, ending _____, 20____

2013

EIN 00-6100005		NAICS Code 211111	Contact Person Doug Doe				
Name Big Oil Inc			Title CEO				
Mailing Address 32 Any Street			Contact Email Address doug.doe@bigoilc.om				
City Anytown	State TX	Zip Code 77287	Contact Telephone Number (301) 555-1212	Contact Fax Number			
Return Information (check applicable boxes) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Final Alaska return <input checked="" type="checkbox"/> Consolidated Alaska return <input type="checkbox"/> Amended return </td> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> Federal extension is in effect (attach a copy of Form 7004) <input type="checkbox"/> Public Law 86-272 applies <input type="checkbox"/> Carryback is waived for net operating loss </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Exempt organization (see instructions) <input type="checkbox"/> S Corporation (attach Form 1120S) <input type="checkbox"/> Personal Holding Company </td> </tr> </table>					<input type="checkbox"/> Final Alaska return <input checked="" type="checkbox"/> Consolidated Alaska return <input type="checkbox"/> Amended return	<input checked="" type="checkbox"/> Federal extension is in effect (attach a copy of Form 7004) <input type="checkbox"/> Public Law 86-272 applies <input type="checkbox"/> Carryback is waived for net operating loss	<input type="checkbox"/> Exempt organization (see instructions) <input type="checkbox"/> S Corporation (attach Form 1120S) <input type="checkbox"/> Personal Holding Company
<input type="checkbox"/> Final Alaska return <input checked="" type="checkbox"/> Consolidated Alaska return <input type="checkbox"/> Amended return	<input checked="" type="checkbox"/> Federal extension is in effect (attach a copy of Form 7004) <input type="checkbox"/> Public Law 86-272 applies <input type="checkbox"/> Carryback is waived for net operating loss	<input type="checkbox"/> Exempt organization (see instructions) <input type="checkbox"/> S Corporation (attach Form 1120S) <input type="checkbox"/> Personal Holding Company					
If amended return box above is checked, then check the following boxes, if applicable: <input type="checkbox"/> amended return is filed to report IRS audit change <input type="checkbox"/> this is a protective claim							

SCHEDULE A – NET INCOME TAX SUMMARY

1. Alaska income (loss) from Schedule G, line 10	1	10,205,235
2. Alaska net operating loss utilized: carryover () carryback (). Total	2	()
3. Alaska taxable income. Add lines 1–2	3	10,205,235
4. Alaska income tax from Schedule D, line 7	4	952,992
5. Other taxes from Schedule E, line 6	5	
6. Total tax. Add lines 4–5.	6	952,992
7. Other Alaska incentive credits from Form 6300, line 29	7	
8. Federal-based credits from Form 6390, line 36	8	
9. Net Alaska income tax. Subtract the sum of lines 7–8 from line 6. If more than \$500, attach Form 6220	9	952,992
10. Payments from Page 3, Schedule C	10	730,000
11. Alaska credit for prior year minimum tax (see instructions)	11	224,955
12. Alaska refundable incentive credits from Form 6300, line 22	12	
13. Tax due (overpaid). Subtract the sum of lines 10–12 from line 9	13	-1,963
14. Penalty for underpayment of estimated tax from Form 6220, line 18	14	535
15. Total amount due (overpaid). Add lines 13–14. If greater than zero, STOP	15	-1,428
16. Overpayment credited to 2014 estimated tax (enter as positive number)	16	1,428
17. Refund. Add lines 15–16	17	0

<i>I declare, under penalty of perjury, that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.</i>			<input checked="" type="checkbox"/> Check if the DOR may discuss this return with the preparer (see instructions)
Officer's Signature	Date	Title CEO	
Preparer's Signature	Date	<input type="checkbox"/> Check if self-employed	Preparer's SSN or PTIN P00000001
Preparer firm's name (or yours if self-employed) and address Electronic Tax Filers Inc		EIN 00-0000011	Phone (512) 555-1212
City Anytown	State TX	Zip Code 75231	



EIN
00-6100005Name
Big Oil Inc

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SCHEDULE B – ALASKA TAXPAYER INFORMATION

1. ALASKA CONSOLIDATED RETURNS ONLY: LIST ALL CORPORATIONS, OTHER THAN THE TAXPAYER SHOWN ON PAGE 1, WITH NEXUS IN ALASKA INCLUDED IN THIS RETURN. FAILURE TO PROPERLY COMPLETE MAY RESULT IN PENALTIES.

A Name of each corporation with nexus in Alaska			B P.L.86-272 applies	C EIN	D NAICS Code
Name Acme Refining Corp			<input type="checkbox"/>	00-0000013	324110
Address 61 Any Street					
City Anytown	State TX	Zip Code 78621			
Factor numerators to be reported: <input checked="" type="checkbox"/> property <input type="checkbox"/> extraction <input checked="" type="checkbox"/> sales					
Name			<input type="checkbox"/>		
Address					
City	State	Zip Code			
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> extraction <input type="checkbox"/> sales					
Name			<input type="checkbox"/>		
Address					
City	State	Zip Code			
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> extraction <input type="checkbox"/> sales					
Name			<input type="checkbox"/>		
Address					
City	State	Zip Code			
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> extraction <input type="checkbox"/> sales					
Name			<input type="checkbox"/>		
Address					
City	State	Zip Code			
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> extraction <input type="checkbox"/> sales					

2. If any taxpayer included in this return is included in a federal consolidated return (Form 1120), provide the name, address, and EIN of the common parent of the federal consolidated group.

EIN 00-0000002	Name Hide N Seek Foods Inc			
Address 32 Any Street		City Anytown	State TX	Zip Code 77287

3. If this is the first return, indicate if: ☐ Successor to previously existing business (Enter name, address, and EIN of previous business)

EIN	Name			
Address		City	State	Zip Code

4. Name and EIN on the prior year's return if different from page 1. State the reason for the change (e.g. merger, name change, etc.)

EIN	Name			
Reason				

EIN
00-6100005Name
Big Oil Inc

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SCHEDULE C – TAX PAYMENT RECORD

Estimated Payments	Date	Amount	Summary	Date	Amount
First	04/15/2013	180,000	Payment with extension		
Second	06/15/2013	180,000	Total estimated tax payments		730,000
Third	09/15/2013	180,000	Overpayment from prior year		
Fourth	12/15/2013	190,000	Less: Quick Refund from Form 6230	()
Total estimated tax payments		730,000	Amended return only:		
			Tax paid with original return and additional tax paid		
			Less: Overpayment previously credited to 2014	()
			Less: Refund from original return and additional refunds	()
			Total net payments to Schedule A, line 10	\$	730,000

SCHEDULE D – ALASKA TAX COMPUTATION

Tax Rate Table is contained in instructions

	A	B
1. Alaska taxable income from Schedule A, line 3	1 10,205,235	10,205,235
2. Net capital gain from Schedule J, line 18	2 47,772	
3. Ordinary income. Subtract line 2 from line 1. If less than zero, enter zero	3 10,157,463	10,205,235
4. Tax on ordinary income. Use Tax Rate Table to calculate tax on line 3	4 950,842	955,332
5. Tax on net capital gain. Multiply line 2 by 4.5%	5 2,150	
6. Alaska income tax. Add lines 4–5	6 952,992	955,332
7. Enter the lesser of line 6, column A or B here and on Schedule A, line 4	7 952,992	

SCHEDULE E – OTHER TAXES

	A	B
1. Alternative minimum tax from federal Form 4626	1 x18%	
2. Apportionment factor from Schedule I, line 14		2
3. Multiply line 1 by line 2		3
4. Personal Holding Company tax (see instructions)		4
5. Other taxes (see instructions)		5
6. Add lines 3–5. Enter here and on Schedule A, line 5		6

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Big Oil Inc

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SCHEDULE G – COMPUTATION OF ALASKA INCOME

1. Federal taxable income (loss) (see instructions)		1	85,232,475
Additions	2a. Taxes based on or measured by net income	2a	5,726,524
	2b. Federal charitable contributions from federal Form 1120, line 19	2b	148,769
	2c. Net Section 1231 losses from federal Form 4797, line 11	2c	
	2d. Intangible drilling and development costs expensed for federal purposes	2d	12,764,158
	2e. Percentage depletion deducted for federal purposes	2e	
	2f. Federal depreciation	2f	1,656,534
	2g. Expenses incurred to produce non-business income	2g	
	2h. Other (attach schedule)	2h	
	2i. Total additions. Add lines 2a–2h	2i	20,295,985
	3. Total. Add lines 1 and 2i	3	105,528,460
Subtractions	4a. Intangible drilling costs allowable	4a	10,211,326
	4b. Cost depletion	4b	
	4c. Depreciation allowable	4c	1,325,227
	4d. Interest from obligations of the U.S. government	4d	
	4e. Intercompany dividends	4e	2,304,041
	4f. Section 78 gross-up dividends	4f	
	4g. Federal Form 1120, line 8 capital gain income	4g	428,512
	4h. Non-recaptured Section 1231 losses from prior years from federal Form 4797, line 12	4h	
	4i. Non-business income (attach schedule)	4i	
	4j. Other (attach schedule)	4j	
	4k. Total subtractions. Add lines 4a–4j	4k	14,269,106
5. Apportionable business income (loss). Subtract line 4k from line 3	5	91,259,354	
6. Apportionment factor from Schedule I, line 14	6	.111485	
7. Income (loss) apportioned to Alaska. Multiply line 5 by line 6	7	10,174,049	
8. Non-business income (loss) net of expenses allocable to Alaska (attach schedule)	8		
Alaska items	9a. Alaska capital and Section 1231 gain (loss) from Schedule J, line 20	9a	47,772
	9b. Alaska charitable contribution deduction from Schedule K, line 10	9b	()
	9c. Alaska dividends-received deduction (see instructions)	9c	()
	9d. Total Alaska items. Add lines 9a–9c	9d	31,186
10. Alaska taxable income (loss) before net operating loss. Add lines 7, 8, and 9d. Enter here and on Schedule A, line 1	10	10,205,235	

EIN
00-6100005Name
Big Oil Inc**SCHEDULE I – APPORTIONMENT FACTOR**

Check all boxes that apply

- ☒ Taxpayer produces oil or gas in Alaska
☐ Taxpayer transports oil or gas in Alaska

- ☒ Attorney General's opinion dated 10/20/99
applies (factor relief for certain taxpayers)

1. Property within Alaska

	A EIN	B Name	C Property within Alaska
1a	00-6100005	Big Oil Inc	53,250,000
1b	00-0000013	Acme Refining Corp	1,650,000
1c			
1d			
1e			

2. Total of line 1 column C

2 54,900,000

3. Property everywhere

3 323,381,261

4. Property factor. Divide line 2 by line 3

4 .169769

Oil and Gas Transportation Companies only, skip lines 5–8. Go to line 9.

5. Extraction within Alaska

	A EIN	B Name	C Extraction within Alaska
5a	00-6100005	Big Oil Inc	590,000
5b			
5c			
5d			
5e			

6. Total of line 5 column C

6 590,000

7. Extraction everywhere

7 11,800,000

8. Extraction factor. Divide line 6 by line 7

8 .05

Oil and Gas Producing Companies only, skip lines 9–12. Go to line 13

9. Sales within Alaska

	A EIN	B Name	C Sales within Alaska
9a	00-6100005	Big Oil Inc	56,050,000
9b		Acme Refining Corp	2,475,000
9c			
9d			
9e			

10. Total of line 9 column C

10 58,525,000

11. Sales everywhere

11 510,306,689

12. Sales factor. Divide line 10 by line 11

12 .114686

13. Add lines 4, 8, and 12

13

14. Apportionment factor. Divide line 13 by 3, or 2, as applicable

14 .111485

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Big Oil Inc

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SCHEDULE J – ALASKA CAPITAL AND SECTION 1231 GAINS AND LOSSES**Section 1231 Gains and Losses**

	A Combined	B AK Factor	C Alaska Gain or (Loss)
1. Current Section 1231 gains and (losses). If a loss, enter here and on line 19	1 103,882	.111485	11,581
2. Alaska net non-recaptured Section 1231 losses from prior years. Enter as a positive number		2	
3. If line 1C is a gain, subtract line 2 from line 1C, but not less than zero. Enter here and on line 15		3	11,581
4. If line 1C is a gain, enter the lesser of line 1C or line 2 here and on line 19, otherwise enter zero		4	

Short-Term Capital Gains and Losses – STCG/(L)

5. Total current STCG/(L)	5		
6. Non-business STCG/(L)	6		
7. Apportionable STCG/(L). Subtract line 6 from line 5	7		
8. Non-business STCG/(L) allocable to Alaska		8	
9. Alaska capital loss carryover utilized () carryback utilized (). Total		9 ()	
10. Net STCG/(L), add lines 7C, 8, and 9		10	

Long-Term Capital Gains and Losses – LTCG/(L)

11. Total current LTCG/(L)	11 324,630		
12. Non-business LTCG/(L)	12		
13. Apportionable LTCG/(L). Subtract line 12 from line 11	13 324,630	.111485	36,191
14. Non-business LTCG/(L) allocable to Alaska		14	
15. Enter amount from line 3		15	11,581
16. Net LTCG/(L). Add lines 13C, 14, and 15		16	47,772

Summary

17. Excess net short-term capital gain, line 10, over net long-term capital loss, line 16	17	
18. Alaska net capital gain. Excess net long-term capital gain, line 16, over net short-term capital loss, line 10. Enter here and on Schedule D, line 2	18	47,772
19. If line 1C is a loss, enter here, otherwise enter the amount from line 4	19	
20. Add lines 17–19. Enter here and on Schedule G, line 9a	20	47,772

SCHEDULE K – CHARITABLE CONTRIBUTION DEDUCTION

1. Current charitable contributions	1	148,769
2. Education credit contributions from Form 6310, line 2	2	
3. Subtract line 2 from line 1	3	148,769
4. Apportionment factor from Schedule I, line 14	4	.111485
5. Current Alaska charitable contributions. Multiply line 3 by line 4	5	16,586
6. Alaska excess charitable contribution carryover from prior years. Enter as a positive number	6	
7. Add lines 5–6	7	16,586
8. Taxable income for deduction limitation purposes (see instructions)	8	10,221,821
9. Multiply line 8 by 10%	9	1,022,182
10. Alaska charitable contribution deduction. Enter the lesser of line 7 or line 9 here and on Schedule G, line 9b	10	16,586

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SCHEDULE L – ALASKA DIVIDENDS-RECEIVED DEDUCTION (DRD)1. Dividend income included in Schedule G, line 1

1	2,304,041
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Not Eligible

2a. Intercompany dividends from Schedule G, line 4e	2a	2,304,041
2b. Section 78 gross-up dividends from Schedule G, line 4f	2b	
2c. Dividends subtracted on Schedule G, line 4i as non-business income	2c	
2d. Total dividends not eligible for DRD. Add lines 2a–2c	2d	2,304,041

3. Total dividends eligible for DRD. Subtract line 2d from line 1

3	0
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4. Apportionment factor from Schedule I, line 14

4	.111485
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5. Apportioned dividends. Multiply line 3 by line 4

5	0
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6. Dividends allocable to Alaska included on Schedule G, line 8

6	
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7. Total dividends included in taxable income. Add lines 5–6

7	0
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		A Apportioned Dividends	B Percentage	C DRD (A times B)
8a. Dividends qualifying for 100% deduction	8a		100%	
8b. Dividends qualifying for 80% deduction	8b		80%	
8c. Dividends qualifying for 70% deduction	8c		70%	
8d. Dividends qualifying for 48% deduction	8d		48%	
8e. Dividends qualifying for 42% deduction	8e		42%	
8f. Other, if applicable. Enter % in column B	8f		0%	

9. Tentative dividends-received deduction. Add lines 8a–8f, column C (see instructions)

9	0
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Alaska Underpayment of Estimated Tax by Corporations

Form **6220**

2013

EIN 00 6100005	Name(s) Shown On Return B.g Oil Inc
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Check applicable boxes:

- ☐ annualized income installment method or adjusted seasonal installment method
- ☐ "large corporation" applies

Part I How To Compute The Underpayment

1. Net income tax (see instructions)	1	728037
2a. Personal holding company tax included in line 1	2a	
2b. Look-back interest included in line 1	2b	
2c. Section 167(g) for depreciation under the income forecast method	2c	
2d. Total. Add lines 2a-2c	2d	
3. Subtract line 2d from line 1. If the result is less than \$500, do not complete the rest of this form. No penalty is due	3	728037
4a. Enter 100% of line 3	4a	728037
4b. Enter 100% of the tax shown on the return for the previous year if tax was reported (see instructions)	4b	
4c. Enter the lesser of line 4a or line 4b	4c	728037

	A	B	C	D
5. Enter in columns A through D the installment due dates (the 15th day of the 4th, 6th, 9th and 12th months of the tax year)	4.15.13	6.15.13	9.15.13	12.15.13
6. Required installment (see instructions)	182009	182010	182009	182009
7. Amount paid or credited for each period (For column A only, enter the amount from line 7 on line 11)	180000	180000	180000	190000

Complete lines 8 through 14 for one column before completing the next column

8. Enter the amount, if any, from line 14 of the previous column				
9. Add lines 7-8		180000	180000	190000
10. Add amounts on lines 12-13 of the preceding column		2009	4019	6028
11. Subtract line 10 from line 9. If less than zero, enter zero (for column A only, enter the amount from line 7)	180000	177991	175981	183972
12. Remaining underpayment from previous period. If the amount on line 11 is zero, subtract line 9 from line 10 and enter the result. Otherwise, enter zero				
13. Underpayment. If line 11 is less than or equal to line 6, subtract line 11 from line 6, enter the result, compute the penalty in Part II, and then go to line 8 of the next column. Otherwise, go to line 14	2009	4019	6028	-
14. Overpayment. If line 6 is less than line 11, subtract line 6 from line 11 and enter the result. Then go to line 8 of the next column				1963

Part II How To Compute The Penalty

15. Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions)	12.15.13	12.15.13	12.15.13	12.15.13
16. Number of days from the due date of the installment on line 5 to the date shown on line 15	244	183	91	-
17. Number of days on line 16 divided by the number of days in the tax year times the applicable rate (see instructions) times the amount on line 13	148	222	165	-
18. Add amounts on line 17, columns A-D. Enter here and on Schedule A, line 14 of Form 6000, 6020, 6100, or 6150				535



EIN 06 6100 005	Name(s) Shown On Return Big Oil Inc
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Name and EIN of Alaska taxpayer generating attributes, if different from taxpayer(s) filing this return (attach additional forms if necessary):

EIN	Name
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Enter all numbers as positive numbers

1. Net operating loss (NOL)				
Tax Year-end of NOL mm/dd/yyyy A	NOL Generated B	Charitable Contributions Converted to NOL C	Previously Utilized D	Available B + C - D = E

2. Total NOL carryover available. Sum of line 1, column E 2 3. Alaska income from Schedule A, line 1 3 4. NOL carryover to be utilized. Enter the lesser of line 2 or 3. Enter here and on Schedule A, line 2 4

5. Excess charitable contributions				
Tax Year-end of Loss mm/dd/yyyy A	Excess Contributions B	Charitable Contributions Converted to NOL C	Previously Utilized D	Available B - C - D = E

6. Total charitable contribution carryover. Sum of line 5, column E. Enter here and on Schedule K, line 6 6

7. Unused capital loss			
Tax Year-end of Loss mm/dd/yyyy A	Loss Generated B	Previously Utilized C	Available B - C = D

8. Total capital loss carryover available. Sum of line 7, column D (see instructions) 8 

Form

6385**Tax Attribute Carryovers****2013****9. Alaska net alternative minimum tax (AMT) previously paid**

Tax Year-end mm/dd/yyyy A	AK AMT Paid B	AK AMT Credit Claimed C	Net AMT Paid D
12/31/2011	235 235		235 235

10. Total Alaska AMT previously paid

10

235 235

**Application for Automatic Extension of Time To File Certain
Business Income Tax, Information, and Other Returns**

► **File a separate application for each return.**

► **Information about Form 7004 and its separate instructions is at www.irs.gov/form7004.**

OMB No. 1545-0233

**Print
or
Type**

Name Hide 'N Seek Foods Inc	Identifying number 00-0000002
Number, street, and room or suite no. (If P.O. box, see instructions.) 32 Any Street	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)). Anytown, TX 77287	

Note. File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form.

Part I Automatic 5-Month Extension

1a Enter the form code for the return that this application is for (see below) 1 2

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estate other than a bankruptcy estate)	04
Form 8804	31	Form 1041 (trust)	05

Part II Automatic 6-Month Extension

b Enter the form code for the return that this application is for (see below) 1 2

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 3520-A	27
Form 1120	12	Form 8612	28
Form 1120-C	34	Form 8613	29
Form 1120-F	15	Form 8725	30
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ► ☐
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ► ☐
- If checked, attach a statement, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

Part III All Filers Must Complete This Part

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ► ☐

5a The application is for calendar year 20___, or tax year beginning _____, 20___, and ending _____, 20___

- b Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (see instructions-attach explanation)

6 Tentative total tax	6		
7 Total payments and credits (see instructions)	7		
8 Balance due. Subtract line 7 from line 6 (see instructions)	8		